

City of Berkeley

Rent Stabilization Program
2125 Milvia Street, Berkeley, CA 94704
Phone: (510) 981-7368 (981-RENT) Fax: (510) 981-4910

LIVING TRUST DECLARATION FOR OWNER-OCCUPANCY EXEMPTION

Complete this form in conjunction with an **Amended Registration Statement** when claiming an exemption of "Owner-occupancy" for properties that are owned as a revocable living trust as required under Board Regulation 503(B). This form must be completed and submitted within sixty (60) days of the change in status.

Please fill out all of the information requested below and **only one of the three types of exemptions** under Part II on the reverse side.

Berkeley Property Address: PLEASE PRINT LEGIBLY, OR TYPE

Street Number

Street Name

Number of Units
on the property

PART I. REVOCABLE LIVING TRUST INFORMATION

Full name of revocable living trust as it appears on the deed

Date of transfer of trust from individual ownership: _____

List all grantors of the revocable living trust:

a) _____ c) _____

b) _____ d) _____

List all trustees of the revocable living trust:

a) _____ c) _____

b) _____ d) _____

Exemption type on reverse →

PART II. CLAIM TYPE OF OWNER OCCUPANCY EXEMPTION (Choose One Only)

Type 1 (Regulation 503(B)(1)):

Complete this section if a natural person has granted the subject property into a revocable living trust and the person claiming owner-occupancy is both the grantor and the trustee. This exemption may only be claimed if the grantor/trustee owned at least a 50% interest in the property **prior** to it being transferred to the trust.

Name of owner-occupant(s)	Name
a) _____	c) _____
b) _____	d) _____

Unit Claimed as Owner-Occupied: _____

Type 2 (Regulation 503(B)(2)):

Complete this section only if the person claiming owner-occupancy is the grantor of a revocable living trust and has named another person as the trustee AND the grantor(s) retains oversight over the amount of rent charged to any tenant(s) at the property and any decision to evict any tenant at the property.

Name of owner-occupant(s)	Name
a) _____	c) _____
b) _____	d) _____

Unit Claimed as Owner-Occupied: _____

I declare that I, _____, am the grantor and that I retain control over any rent increase and eviction decisions for this property.

Type 3 (Regulation 503(B)(3)):

Complete this section if you are a natural person who is the sole surviving beneficiary of a revocable living trust for which all grantors/trustees are deceased and you are residing in the unit.

I, _____, am the sole surviving beneficiary of the revocable living trust listed above for which all grantor(s) and trustee(s) are deceased and claim principal residence.

Unit Claimed as Owner-Occupied: _____

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Signature

Date